

## Orthotics Patient Satisfaction Questionnaire

Please could you complete this short questionnaire and hand it back to the reception staff. Thank you.

Patient Hospital number:

Date: \_\_\_\_\_

**Question 1: Were you seen within 30 minutes of your appointment time?**

Yes  No

**Question 2: Did you find the reception staff friendly and helpful?**

Yes  No

**Question 3: Did the Orthotist introduce themselves to you?**

Yes  No

**Question 4: Do you feel that the Orthotist listened to you when you spoke about the problem you have/had?**

Yes  No

**Question 5: Were the details of your initial assessment explained to you?**

Yes  No

**Question 6: Was your dignity and privacy respected?**

Yes  No

**Question 7: Were you given the opportunity to discuss any concerns or questions regarding your treatment?**

Yes  No

**Please turn over**

**Question 8: What format were your instructions given?**

Written       Verbal       Both

**Question 9: Do you understand why you have or have not been prescribed with an orthosis?**

Yes       No

**Question 10: Were you advised how to proceed if you encountered problems?**

Yes       No

**Question 11: Did the results of your appointment meet your expectations?**

Yes       No

**Question 12: If a family member or a friend were to require care or treatment at hospital, how likely is it that you it that you would recommend this orthotics service?**

<b>Extremely likely</b>	<b>Likely</b>	<b>Neither likely nor unlikely</b>	<b>Unlikely</b>	<b>Extremely unlikely</b>	<b>Don't know</b>
1	2	3	4	5	6

**Question 13: Overall how would you rate your overall experience in your Orthotics Department?**

<b>Excellent</b>	<b>Good</b>	<b>Neither good nor poor</b>	<b>poor</b>	<b>Extremely poor</b>	<b>Don't know</b>
1	2	3	4	5	6

**Any Suggestions?**

\*\*\*\*\*Thank you, this is the end of the questionnaire\*\*\*\*\*

**For Orthotics Use Only**

Length of time between referral and assessment if this is a new episode of care? \_\_\_\_\_

Length of time between assessment and fitting appointment? \_\_\_\_\_

Orthosis prescribed? \_\_\_\_\_